

**EXECUTIVE COUNCIL**  
**Out-Of-State Travel Waiver Justification**

000 343

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.  
If more than one employee is traveling, a separate form must be completed for each person.  
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

*Please answer all of the questions listed below.*

Number of People on Trip: 1

Name of Person Attending: Dean Ibsen Working Title: Vertical Infrastructure Program Manager

Department: Administrative Services Division/Bureau/Section: GSE Vertical Infrastructure

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Pasadena, CA Dates of Travel: May 15 - May 18 2011

Funding Source: ☒ Appropriated State: 100% ☐ Federal: 0% ☐ Other: 0% If Other, Specify: Note: The \$695 registration fee has been waived by the sponsor.  
(If the appropriated state funds is 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$1010

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☒ Yes: ☐ If Yes, Date: \_\_\_\_\_

Reason for Travel Waiver (Select one)

☐ Fulfills statutorily required duties (Cite the specific statute) \_\_\_\_\_

☒ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) Various infrastructure related projects.

☐ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

Information and knowledge gained from the 2011 Sustainable Operations Summit will be used to identify cost savings relating to building design, renovation, construction and operations. This will be applied to multiple projects around the state with savings far in excess of the cost of the conference.

Department Director Signature: [Signature] Date: 5/5/11

This form must be signed by a department head or agency director. Email a PDF of the form to [executivecouncil@iowa.gov](mailto:executivecouncil@iowa.gov)

**Additional Information to assist you in completing this form.**  
**See Fact Sheet for more complete information.**

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

**APPROVED**  
**Executive Council**

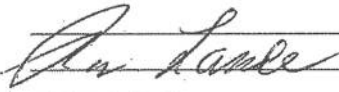
**MAY 16 2011**

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*Please answer all of the questions listed below.*

Number of People on Trip: <u>1</u>	Contact E-mail: <u>MELISSA.SPEED@DNR.IOWA.GOV</u>
Name of Person Attending: <u>Brian Smith</u>	Working Title: <u>Conservation Officer</u>
Department: <u>Natural Resources</u>	Division/Bureau/Section: <u>Conservation&amp;Rec/Law Enforcement</u>
Will this trip require an overnight stay outside of Iowa? No: <input type="checkbox"/> Yes: <input checked="" type="checkbox"/> (If No, you do not need this waiver)	
City (Cities) Traveling To: <u>Seeley Lake, MT</u>	Dates of Travel: <u>May 23-26, 2011</u>
Funding Source: <input checked="" type="checkbox"/> Appropriated State: <u>Fish and Game Trust Fund 100%</u> <input type="checkbox"/> Federal: <u>    </u> % <input type="checkbox"/> Other: <u>    </u> % If Other, Specify: <u>    </u> (If the coding for the travel claim is appropriation 0000 - you DO NOT need this waiver.)	
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): <u>\$1,426.00</u>	
Does this Trip Require Executive Council Approval for Conference/Convention? No: <input type="checkbox"/> Yes: <input checked="" type="checkbox"/>	
If Yes, Have You Received Approval? No: <input checked="" type="checkbox"/> Yes: <input type="checkbox"/> If Yes, Date: <u>    </u>	
Reason for Travel Waiver (Select one)	
<input checked="" type="checkbox"/> Fulfills statutorily required duties. (Cite the specific statute.) <u>481A, 482A, 483A, 321I, 321J</u>	
<input type="checkbox"/> Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.) <u>    </u>	
<input type="checkbox"/> Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the line below. (If nonrefundable ticket is the justification, date of purchase is required.) <u>    </u>	
Department Director Signature: <u></u>	Date: <u>5-11-11</u>
Department Director Printed Name: <u>ROGER LANDE</u>	

*This form must be signed by a department head or agency director. Email a PDF of the form to [executivecouncil@iowa.gov](mailto:executivecouncil@iowa.gov)*

**Additional information to assist you in completing this form.**  
**See Fact Sheet for more complete information.**

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

**Executive Council Approval**

**APPROVED**  
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**MAY 16 2011**

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*Please answer all of the questions listed below.*

Number of People on Trip: 1 Contact E-mail: MELISSA.SPEED@DNR.IOWA.GOV

Name of Person Attending: Martin Konrad Working Title: Executive Officer

Department: Natural Resources Division/Bureau/Section: Conservation&Recreation/Fisheries

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Mankato, MN Dates of Travel: 06/27/11-06/28/11  
(If after June 30, 2011 – you **DO NOT** need this waiver.)

Funding Source: ☒ Appropriated State: Fish and Game Trust Fund 100% ☐ Federal:     % ☐ Other:     % If Other, Specify:       
(If the coding for the travel claim is appropriation 0000 – you **DO NOT** need this waiver.)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$137.00

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☒ Yes: ☐ If Yes, Date: (request submitted)

Reason for Travel Waiver (Select one)

☒ Fulfills statutorily required duties. (Cite the specific statute.) 455A.2

☐ Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)     

☐ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the line below. (If nonrefundable ticket is the justification, date of purchase is required.)     

Department Director Signature: 

Date: 5-05-11

Department Director Printed Name: ROGER LANDE

*This form must be signed by a department head or agency director. Email a PDF of the form to [executivecouncil@iowa.gov](mailto:executivecouncil@iowa.gov)*

**Additional information to assist you in completing this form.**  
**See Fact Sheet for more complete information.**

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Executive Council Approval  
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*Please answer all of the questions listed below.*

Number of People on Trip: 1

Name of Person Attending: Courtney Kay-Decker Working Title: Director

Department: Revenue Division/Bureau/Section: \_\_\_\_\_

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Omaha Dates of Travel: June 12, 2011 - June 15, 2011

Funding Source: ☒ Appropriated State: 100% ☐ Federal: \_\_\_\_\_% ☐ Other: \_\_\_\_\_% If Other, Specify: \_\_\_\_\_  
(If the appropriated state funds is 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$1,191.22

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☒ Yes: ☐ If Yes, Date: \_\_\_\_\_

Reason for Travel Waiver (Select one)

☐ Fulfills statutorily required duties (Cite the specific statute) \_\_\_\_\_

☒ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) See attached

☐ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Department Director Signature Courtney Kay-Decker Date: 5/10/11

*This form must be signed by a department head or agency director. Email a PDF of the form to [executivecouncil@iowa.gov](mailto:executivecouncil@iowa.gov)*

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*Please answer all of the questions listed below.*

Number of People on Trip: 1 Contact E-mail: millie.frese@iowa.gov

Name of Person Attending: Millie Frese Working Title: National History Day Coordinator

Department: Cultural Affairs Division/Bureau/Section: Historical Division

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: College Park, Maryland Dates of Travel: June 9-16

(If after June 30, 2011 - you **DO NOT** need this waiver.)

Funding Source: ☐ Appropriated State: 100% ☐ Federal:   % ☒ Other: 100% If Other, Specify: History Day Grant  
(If the coding for the travel claim is appropriation 0000 - you **DO NOT** need this waiver.)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$1300.00

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐

If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date: \_\_\_\_\_

Reason for Travel Waiver (Select one)

☒ Fulfills statutorily required duties. (Cite the specific statute.) It is a grant requirement for the state coordinator to attend the National Contest

☐ Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.) \_\_\_\_\_

☐ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)

The State Coordinator must attend the National History Day contest with the middle and high school students that advanced to the national contest following the state contests held April 25 and May 2.

Department Director Signature:  Date: 5/11/11

Department Director Printed Name: Mary Cowrie

*This form must be signed by a department head or agency director. Email a PDF of the form to [executivecouncil@iowa.gov](mailto:executivecouncil@iowa.gov)*

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Please answer all of the questions listed below.

Number of People on Trip: 1 Contact E-mail: MELISSA.SPEED@DNR.IOWA.GOV  
Name of Person Attending: Bryan Daniels Working Title: Natural Resources Technician 1  
Department: Natural Resources Division/Bureau/Section Conservation&Rec/Fisheries/Fish Culture

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Mt. Vernon, MO Dates of Travel: 05/23/11-05/27/11 (revised dates\*)  
(5/31/2011 -6/3/2011 dates originally EC approved)  
(If after June 30, 2011 - you DO NOT need this waiver.)

Funding Source: ☒ Appropriated State: Fish and Game Trust Fund 100% ☐ Federal: 0% ☐ Other: 0% If Other, Specify: \_\_\_\_\_  
(If the coding for the travel claim is appropriation 0000 - you DO NOT need this waiver.)

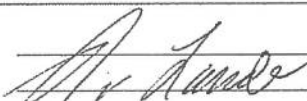
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$200

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐

If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date: \_\_\_\_\_

Reason for Travel Waiver (Select one)

- ☒ 455A.2, 456A.23, 481A.4  
Fulfills statutorily required duties. (Cite the specific statute.) (\*Waiver originally approved 05/02/11 for 05/31/11-06/03/11 travel. Date change requested due to fish being ready sooner than originally estimated.)
- ☐ Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.) \_\_\_\_\_
- ☐ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the line below. (If nonrefundable ticket is the justification, date of purchase is required.) \_\_\_\_\_

Department Director Signature:  Date: 5-11-11  
Department Director Printed Name: ROGER LANDE

This form must be signed by a department head or agency director. Email a PDF of the form to [executivecouncil@iowa.gov](mailto:executivecouncil@iowa.gov)

### Additional information to assist you in completing this form. See Fact Sheet for more complete information.

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*Please answer all of the questions listed below.*

Number of People on Trip: 1 Contact E-mail: lampe@dps.state.ia.us

Name of Person Attending: 1 Thomas Lampe Working Title: Sergeant

Department: Department of Public Safety Division/Bureau/Section: Iowa State Patrol

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Springfield, Illinois Dates of Travel: June 6<sup>th</sup>, 2011-June 7<sup>th</sup>, 2011  
(If after June 30, 2011 - you **DO NOT** need this waiver.)

Funding Source: ☒ Appropriated State:     % ☐ Federal:     % ☐ Other:     % If Other, Specify:       
(If the coding for the travel claim is appropriation 0000 - you **DO NOT** need this waiver.)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$198.00

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date:     

Reason for Travel Waiver (Select one)

☐ Fulfills statutorily required duties. (Cite the specific statute.)     

☐ Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)     

☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)

This workshop will discuss ways for States that surround each other to find ways to improve or enhance Interstate Interoperability. This information  
Sharing is critical for success if an event occurs threatening homeland security in which there is a multistate response. It is important for States that  
Surround Iowa to be aware of Iowa's capabilities in the event of a disaster.

Department Director Signature: [Signature] Date: 5/16/11

Department Director Printed Name: Larry L. Noble

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